



ANNUAL STATEMENT
For the Year Ending DECEMBER 31, 2015
OF THE CONDITION AND AFFAIRS OF THE
Meridian Health Plan of Michigan, Inc.

NAIC Group Code	4640 (Current Period)	4640 (Prior Period)	NAIC Company Code	52563	Employer's ID Number	38-3253977
Organized under the Laws of	Michigan		State of Domicile or Port of Entry	Michigan		
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[] Dental Service Corporation[] Other[]		Property/Casualty[] Vision Service Corporation[] Is HMO Federally Qualified? Yes[] No[X] N/A[]		Hospital, Medical & Dental Service or Indemnity[] Health Maintenance Organization[X]	
Incorporated/Organized	12/31/1995		Commenced Business	12/31/1995		
Statutory Home Office	1 Campus Martius, Suite 700 (Street and Number)		Detroit, MI, US 48226 (City or Town, State, Country and Zip Code)			
Main Administrative Office			1 Campus Martius, Suite 700 (Street and Number)			
	Detroit, MI, US 48226 (City or Town, State, Country and Zip Code)				(313)324-3700 (Area Code) (Telephone Number)	
Mail Address	1 Campus Martius, Suite 700 (Street and Number or P.O. Box)		Detroit, MI, US 48226 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records			1 Campus Martius, Suite 700 (Street and Number)			
	Detroit, MI, US 48226 (City or Town, State, Country and Zip Code)				(313)324-3700 (Area Code) (Telephone Number)	
Internet Website Address	www.mhplan.com					
Statutory Statement Contact	Mathew Agnone (Name)		(313)324-3700 (Area Code)(Telephone Number)(Extension)			
	matthew.agnone@mhplan.com (E-Mail Address)		(313)324-1822 (Fax Number)			

OFFICERS

Name	Title
Jon B. Cotton	President
Sean P. Cotton	Secretary
Janice Torosian	Treasurer

OTHERS

DIRECTORS OR TRUSTEES

George Ellis
David B. Cotton M.D. #
Karie Pasternak

State of Michigan
County of Wayne ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of the said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature)	(Signature)	(Signature)
Jon B. Cotton	Sean P. Cotton	Janice Torosian
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
President	Secretary	Treasurer
(Title)	(Title)	(Title)

Subscribed and sworn to before me this
day of , 2016
a. Is this an original filing?
b. If no, 1. State the amendment number
2. Date filed
3. Number of pages attached
Yes[X] No[]

(Notary Public Signature)

ASSETS

		Current Year			Prior Year
		1	2	3	4
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols.1-2)	Net Admitted Assets
1.	Bonds (Schedule D)	88,015,107		88,015,107	53,476,958
2.	Stocks (Schedule D)				
2.1	Preferred stocks				
2.2	Common Stocks	10,724,541		10,724,541	11,178,881
3.	Mortgage loans on real estate (Schedule B):				
3.1	First liens				
3.2	Other than first liens				
4.	Real estate (Schedule A):				
4.1	Properties occupied by the company (less \$.....0 encumbrances)				
4.2	Properties held for the production of income (less \$.....0 encumbrances)				
4.3	Properties held for sale (less \$.....0 encumbrances)				
5.	Cash (\$.....247,120,275, Schedule E Part 1), cash equivalents (\$.....12,998,814, Schedule E Part 2) and short-term investments (\$.....38,032,646, Schedule DA)	298,151,735		298,151,735	215,601,528
6.	Contract loans (including \$.....0 premium notes)				
7.	Derivatives (Schedule DB)				
8.	Other invested assets (Schedule BA)	1,521,875	1,290,211	231,664	226,266
9.	Receivables for securities				
10.	Securities Lending Reinvested Collateral Assets (Schedule DL)				
11.	Aggregate write-ins for invested assets				
12.	Subtotals, cash and invested assets (Lines 1 to 11)	398,413,258	1,290,211	397,123,047	280,483,633
13.	Title plants less \$.....0 charged off (for Title insurers only)				
14.	Investment income due and accrued	1,060,512	52,684	1,007,828	740,930
15.	Premiums and considerations:				
15.1	Uncollected premiums and agents' balances in the course of collection	24,965,178		24,965,178	
15.2	Deferred premiums, agents' balances and installments booked but deferred and not yet due (Including \$.....0 earned but unbilled premiums)				
15.3	Accrued retrospective premiums (\$.....3,728,924) and contracts subject to redetermination (\$.....0)	3,728,924		3,728,924	1,420,000
16.	Reinsurance:				
16.1	Amounts recoverable from reinsurers	2,888,920		2,888,920	1,035,902
16.2	Funds held by or deposited with reinsured companies				
16.3	Other amounts receivable under reinsurance contracts				
17.	Amounts receivable relating to uninsured plans	11,815,159		11,815,159	8,087,635
18.1	Current federal and foreign income tax recoverable and interest thereon				
18.2	Net deferred tax asset	1,075,214		1,075,214	1,336,292
19.	Guaranty funds receivable or on deposit				
20.	Electronic data processing equipment and software				
21.	Furniture and equipment, including health care delivery assets (\$.....0)				
22.	Net adjustment in assets and liabilities due to foreign exchange rates				
23.	Receivables from parent, subsidiaries and affiliates				
24.	Health care (\$.....35,042,808) and other amounts receivable	35,632,095	589,287	35,042,808	31,400,261
25.	Aggregate write-ins for other than invested assets	3,027	3,027		
26.	TOTAL Assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	479,582,287	1,935,209	477,647,078	324,504,653
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28.	TOTAL (Lines 26 and 27)	479,582,287	1,935,209	477,647,078	324,504,653
DETAILS OF WRITE-INS					
1101.	.....			
1102.	.....			
1103.	.....			
1198.	Summary of remaining write-ins for Line 11 from overflow page				
1199.	TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)				
2501.	Deposits	3,027	3,027		
2502.	.....			
2503.	.....			
2598.	Summary of remaining write-ins for Line 25 from overflow page				
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	3,027	3,027		

LIABILITIES, CAPITAL AND SURPLUS

		Current Year			Prior Year
		1 Covered	2 Uncovered	3 Total	4 Total
1.	Claims unpaid (less \$.....0 reinsurance ceded)	293,679,311		293,679,311	196,177,534
2.	Accrued medical incentive pool and bonus amounts	2,656,594		2,656,594	2,357,151
3.	Unpaid claims adjustment expenses	1,470,548		1,470,548	1,056,000
4.	Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act	404,601		404,601	
5.	Aggregate life policy reserves				
6.	Property/casualty unearned premium reserves				
7.	Aggregate health claim reserves				
8.	Premiums received in advance	134,924		134,924	1,385
9.	General expenses due or accrued	11,150,771		11,150,771	12,905,584
10.1	Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized capital gains (losses))	1,028,019		1,028,019	1,925,337
10.2	Net deferred tax liability				
11.	Ceded reinsurance premiums payable				
12.	Amounts withheld or retained for the account of others				
13.	Remittances and items not allocated				
14.	Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current)				
15.	Amounts due to parent, subsidiaries and affiliates	13,529,300		13,529,300	2,675,216
16.	Derivatives				
17.	Payable for securities				
18.	Payable for securities lending				
19.	Funds held under reinsurance treaties (with \$.....0 authorized reinsurers, \$.....0 unauthorized reinsurers and \$.....0 certified reinsurers)				
20.	Reinsurance in unauthorized and certified (\$.....0) companies				
21.	Net adjustments in assets and liabilities due to foreign exchange rates				
22.	Liability for amounts held under uninsured plans	157,070		157,070	6,962
23.	Aggregate write-ins for other liabilities (including \$.....0 current)				
24.	TOTAL Liabilities (Lines 1 to 23)	324,211,138		324,211,138	217,105,169
25.	Aggregate write-ins for special surplus funds	X X X	X X X	36,414,297	29,425,639
26.	Common capital stock	X X X	X X X	44,700	44,700
27.	Preferred capital stock	X X X	X X X		
28.	Gross paid in and contributed surplus	X X X	X X X	56,451,363	16,451,363
29.	Surplus notes	X X X	X X X		
30.	Aggregate write-ins for other than special surplus funds	X X X	X X X		
31.	Unassigned funds (surplus)	X X X	X X X	60,525,580	61,477,782
32.	Less treasury stock, at cost:				
32.1	.....0 shares common (value included in Line 26 \$.....0)	X X X	X X X		
32.2	.....0 shares preferred (value included in Line 27 \$.....0)	X X X	X X X		
33.	TOTAL Capital and Surplus (Lines 25 to 31 minus Line 32)	X X X	X X X	153,435,940	107,399,484
34.	TOTAL Liabilities, Capital and Surplus (Lines 24 and 33)	X X X	X X X	477,647,078	324,504,653
DETAILS OF WRITE-INS					
2301.	.....			
2302.	.....			
2303.	.....			
2398.	Summary of remaining write-ins for Line 23 from overflow page				
2399.	TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)				
2501.	Estimate of ACA Health Insurer Fee Surplus	X X X	X X X	36,414,297	29,425,639
2502.	.....	X X X	X X X		
2503.	.....	X X X	X X X		
2598.	Summary of remaining write-ins for Line 25 from overflow page	X X X	X X X		
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	X X X	X X X	36,414,297	29,425,639
3001.	.....	X X X	X X X		
3002.	.....	X X X	X X X		
3003.	.....	X X X	X X X		
3098.	Summary of remaining write-ins for Line 30 from overflow page	X X X	X X X		
3099.	TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above)	X X X	X X X		

STATEMENT OF REVENUE AND EXPENSES

		Current Year		Prior Year
		1 Uncovered	2 Total	3 Total
1.	Member Months	X X X	5,153,310	4,259,158
2.	Net premium income (including \$.....0 non-health premium income)	X X X	2,069,742,591	1,418,690,846
3.	Change in unearned premium reserves and reserve for rate credits	X X X		
4.	Fee-for-service (net of \$.....0 medical expenses)	X X X		
5.	Risk revenue	X X X		
6.	Aggregate write-ins for other health care related revenues	X X X	43,496,139	24,626,991
7.	Aggregate write-ins for other non-health revenues	X X X		
8.	TOTAL Revenues (Lines 2 to 7)	X X X	2,113,238,730	1,443,317,837
Hospital and Medical:				
9.	Hospital/medical benefits		1,381,819,692	947,838,559
10.	Other professional services		11,877,880	7,439,057
11.	Outside referrals		103,151,335	61,928,282
12.	Emergency room and out-of-area		23,759,488	16,867,549
13.	Prescription drugs		224,944,047	161,400,710
14.	Aggregate write-ins for other hospital and medical		327,567	267,389
15.	Incentive pool, withhold adjustments and bonus amounts		11,630,363	10,701,384
16.	Subtotal (Lines 9 to 15)		1,757,510,372	1,206,442,930
Less:				
17.	Net reinsurance recoveries		4,188,094	884,807
18.	TOTAL Hospital and Medical (Lines 16 minus 17)		1,753,322,278	1,205,558,123
19.	Non-health claims (net)			
20.	Claims adjustment expenses, including \$.....0 cost containment expenses		8,438,081	4,399,240
21.	General administrative expenses		328,865,346	222,736,161
22.	Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only)			(956,000)
23.	TOTAL Underwriting Deductions (Lines 18 through 22)		2,090,625,705	1,431,737,524
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	X X X	22,613,025	11,580,313
25.	Net investment income earned (Exhibit of Net Investment Income, Line 17)		1,175,085	1,123,610
26.	Net realized capital gains (losses) less capital gains tax of \$.....125,568		243,750	624,455
27.	Net investment gains (losses) (Lines 25 plus 26)		1,418,835	1,748,065
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)]			
29.	Aggregate write-ins for other income or expenses		184,201	217,082
30.	Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	X X X	24,216,061	13,545,460
31.	Federal and foreign income taxes incurred	X X X	17,387,893	10,153,765
32.	Net income (loss) (Lines 30 minus 31)	X X X	6,828,168	3,391,695
DETAILS OF WRITE-INS				
0601.	ACA Insurer Fee	X X X	43,496,139	24,626,991
0602.	.....	X X X		
0603.	.....	X X X		
0698.	Summary of remaining write-ins for Line 6 from overflow page	X X X		
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)	X X X	43,496,139	24,626,991
0701.	.....	X X X		
0702.	.....	X X X		
0703.	.....	X X X		
0798.	Summary of remaining write-ins for Line 7 from overflow page	X X X		
0799.	TOTALS (Line 0701 through 0703 plus 0798) (Line 7 above)	X X X		
1401.	Hearing/Speech devices		327,567	267,389
1402.	.....		
1403.	.....		
1498.	Summary of remaining write-ins for Line 14 from overflow page			
1499.	TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)		327,567	267,389
2901.	Miscellaneous revenue		184,201	217,082
2902.	.....		
2903.	.....		
2998.	Summary of remaining write-ins for Line 29 from overflow page			
2999.	TOTALS (Line 2901 through 2903 plus 2998) (Line 29 above)		184,201	217,082

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1	2
		Current Year	Prior Year
CAPITAL & SURPLUS ACCOUNT			
33.	Capital and surplus prior reporting year	107,399,484	88,623,500
34.	Net income or (loss) from Line 32	6,828,168	3,391,695
35.	Change in valuation basis of aggregate policy and claim reserves		
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$.....(222,157) ...	(411,634)	(875,161)
37.	Change in net unrealized foreign exchange capital gain or (loss)		
38.	Change in net deferred income tax	(465,073)	671,297
39.	Change in nonadmitted assets	84,995	(611,847)
40.	Change in unauthorized and certified reinsurance		
41.	Change in treasury stock		
42.	Change in surplus notes		
43.	Cumulative effect of changes in accounting principles		
44.	Capital Changes:		
44.1	Paid in		
44.2	Transferred from surplus (Stock Dividend)		
44.3	Transferred to surplus		
45.	Surplus adjustments:		
45.1	Paid in	40,000,000	16,200,000
45.2	Transferred to capital (Stock Dividend)		
45.3	Transferred from capital		
46.	Dividends to stockholders		
47.	Aggregate write-ins for gains or (losses) in surplus		
48.	Net change in capital and surplus (Lines 34 to 47)	46,036,456	18,775,984
49.	Capital and surplus end of reporting year (Line 33 plus 48)	153,435,940	107,399,484
DETAILS OF WRITE-INS			
4701.	0		
4702.	.....	
4703.	.....	
4798.	Summary of remaining write-ins for Line 47 from overflow page		
4799.	TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above)		

CASH FLOW

		1	2
		Current Year	Prior Year
Cash from Operations			
1.	Premiums collected net of reinsurance	2,043,488,514	1,423,353,463
2.	Net investment income	1,987,619	1,863,741
3.	Miscellaneous income	39,909,565	
4.	TOTAL (Lines 1 through 3)	2,085,385,698	1,425,217,204
5.	Benefit and loss related payments	1,657,880,415	1,126,917,841
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7.	Commissions, expenses paid and aggregate write-ins for deductions	342,036,905	223,389,928
8.	Dividends paid to policyholders		
9.	Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses)	18,489,207	11,123,695
10.	TOTAL (Lines 5 through 9)	2,018,406,527	1,361,431,464
11.	Net cash from operations (Line 4 minus Line 10)	66,979,171	63,785,740
Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:		
12.1	Bonds	34,443,952	23,347,484
12.2	Stocks	7,257,011	2,657,187
12.3	Mortgage loans		
12.4	Real estate		
12.5	Other invested assets	39,099	111,971
12.6	Net gains or (losses) on cash, cash equivalents and short-term investments		348
12.7	Miscellaneous proceeds	217,254	3,385
12.8	TOTAL Investment proceeds (Lines 12.1 to 12.7)	41,957,316	26,120,375
13.	Cost of investments acquired (long-term only):		
13.1	Bonds	69,882,255	25,706,855
13.2	Stocks	7,253,645	2,856,094
13.3	Mortgage loans		
13.4	Real estate		
13.5	Other invested assets		
13.6	Miscellaneous applications	117,245	1
13.7	TOTAL Investments acquired (Lines 13.1 to 13.6)	77,253,145	28,562,950
14.	Net increase (decrease) in contract loans and premium notes		
15.	Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	(35,295,829)	(2,442,575)
Cash from Financing and Miscellaneous Sources			
16.	Cash provided (applied):		
16.1	Surplus notes, capital notes		
16.2	Capital and paid in surplus, less treasury stock	40,000,000	16,200,000
16.3	Borrowed funds		
16.4	Net deposits on deposit-type contracts and other insurance liabilities		
16.5	Dividends to stockholders		
16.6	Other cash provided (applied)	10,866,865	540,261
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	50,866,865	16,740,261
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	82,550,207	78,083,426
19.	Cash, cash equivalents and short-term investments:		
19.1	Beginning of year	215,601,528	137,518,102
19.2	End of year (Line 18 plus Line 19.1)	298,151,735	215,601,528

Note: Supplemental Disclosures of Cash Flow Information for Non-Cash Transactions:

20.0001		
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ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

		1	2	3	4	5	6	7	8	9	10
		Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1.	Net premium income	2,069,742,591	109,459					99,688,973	1,965,288,318	4,655,841	
2.	Change in unearned premium reserves and reserve for rate credit										
3.	Fee-for-service (net of \$.....0 medical expenses)										X X X
4.	Risk revenue										X X X
5.	Aggregate write-ins for other health care related revenues	43,496,139							43,496,139		X X X
6.	Aggregate write-ins for other non-health care related revenues		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
7.	TOTAL Revenues (Lines 1 to 6)	2,113,238,730	109,459					99,688,973	2,008,784,457	4,655,841	
8.	Hospital/medical benefits	1,381,819,692	76,947					70,213,038	1,311,529,707		X X X
9.	Other professional services	11,877,880	243					959,695	10,917,942		X X X
10.	Outside referrals	103,151,335	1,876					5,630,663	97,518,796		X X X
11.	Emergency room and out-of-area	23,759,488	1,774					1,882,922	21,874,792		X X X
12.	Prescription drugs	224,944,047	12,075					11,271,862	206,484,515	7,175,595	X X X
13.	Aggregate write-ins for other hospital and medical	327,567						6,062	321,505		X X X
14.	Incentive pool, withhold adjustments and bonus amounts	11,630,363						160,680	11,469,683		X X X
15.	Subtotal (Lines 8 to 14)	1,757,510,372	92,915					90,124,922	1,660,116,940	7,175,595	X X X
16.	Net reinsurance recoveries	4,188,094							4,188,094		X X X
17.	TOTAL Hospital and Medical (Lines 15 minus 16)	1,753,322,278	92,915					90,124,922	1,655,928,846	7,175,595	X X X
18.	Non-health claims (net)		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
19.	Claims adjustment expenses including \$.....0 cost containment expenses	8,438,081	446					406,419	8,031,216		
20.	General administrative expenses	328,865,346	6,688					9,964,355	317,803,010	1,091,293	
21.	Increase in reserves for accident and health contracts										X X X
22.	Increase in reserves for life contracts		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
23.	TOTAL Underwriting Deductions (Lines 17 to 22)	2,090,625,705	100,049					100,495,696	1,981,763,072	8,266,888	
24.	Net underwriting gain or (loss) (Line 7 minus Line 23)	22,613,025	9,410					(806,723)	27,021,385	(3,611,047)	
DETAILS OF WRITE-INS											
0501.	ACA Insurer Fee	43,496,139							43,496,139		X X X
0502.	.....										X X X
0503.	.....										X X X
0598.	Summary of remaining write-ins for Line 5 from overflow page										X X X
0599.	TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above)	43,496,139							43,496,139		X X X
0601.	.....		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
0602.	.....		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
0603.	.....		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
0698.	Summary of remaining write-ins for Line 6 from overflow page		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
1301.	Hearing/Speech Devices	327,567						6,062	321,505		X X X
1302.	.....										X X X
1303.	.....										X X X
1398.	Summary of remaining write-ins for Line 13 from overflow page										X X X
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)	327,567						6,062	321,505		X X X

UNDERWRITING AND INVESTMENT EXHIBIT
PART 1 - PREMIUMS

		1	2	3	4
Line of Business		Direct Business	Reinsurance Assumed	Reinsurance Ceded	Net Premium Income (Columns 1 + 2 - 3)
1.	Comprehensive (hospital and medical)	110,645		1,186	109,459
2.	Medicare Supplement				
3.	Dental only				
4.	Vision only				
5.	Federal Employees Health Benefits Plan				
6.	Title XVIII - Medicare	99,757,425		68,452	99,688,973
7.	Title XIX - Medicaid	1,967,911,792		2,623,474	1,965,288,318
8.	Other health	4,655,841			4,655,841
9.	Health subtotal (Lines 1 through 8)	2,072,435,703		2,693,112	2,069,742,591
10.	Life				
11.	Property/casualty				
12.	TOTALS (Lines 9 to 11)	2,072,435,703		2,693,112	2,069,742,591

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2 - CLAIMS INCURRED DURING THE YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Payments during the year:										
1.1 Direct	1,648,923,460	26,622					72,512,459	1,570,198,647	6,185,732	
1.2 Reinsurance assumed										
1.3 Reinsurance ceded	2,335,076							2,335,076		
1.4 Net	1,646,588,384	26,622					72,512,459	1,567,863,571	6,185,732	
2. Paid medical incentive pools and bonuses	11,330,920						94,537	11,236,383		
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	293,679,311	108,199					21,405,246	271,292,679	873,187	
3.2 Reinsurance assumed										
3.3 Reinsurance ceded										
3.4 Net	293,679,311	108,199					21,405,246	271,292,679	873,187	
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct										
4.2 Reinsurance assumed										
4.3 Reinsurance ceded										
4.4 Net										
5. Accrued medical incentive pools and bonuses, current year	2,656,594						66,143	2,590,451		
6. Net healthcare receivables (a)	545,228	439					(16,896)	682,720	(121,035)	
7. Amounts recoverable from reinsurers December 31, current year	2,888,920							2,888,920		
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	196,177,534	41,467					3,970,359	192,161,349	4,359	
8.2 Reinsurance assumed										
8.3 Reinsurance ceded										
8.4 Net	196,177,534	41,467					3,970,359	192,161,349	4,359	
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct										
9.2 Reinsurance assumed										
9.3 Reinsurance ceded										
9.4 Net										
10. Accrued medical incentive pools and bonuses, prior year	2,357,151							2,357,151		
11. Amounts recoverable from reinsurers December 31, prior year	1,035,902							1,035,902		
12. Incurred benefits:										
12.1 Direct	1,745,880,009	92,915					89,964,242	1,648,647,257	7,175,595	
12.2 Reinsurance assumed										
12.3 Reinsurance ceded	4,188,094							4,188,094		
12.4 Net	1,741,691,915	92,915					89,964,242	1,644,459,163	7,175,595	
13. Incurred medical incentive pools and bonuses	11,630,363						160,680	11,469,683		

(a) Excludes \$.00 loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Compre- hensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in Process of Adjustment:										
1.1 Direct	75,552,464	1,887					2,917,274	71,760,116	873,187	
1.2 Reinsurance assumed										
1.3 Reinsurance ceded										
1.4 Net	75,552,464	1,887					2,917,274	71,760,116	873,187	
2. Incurred but Unreported:										
2.1 Direct	218,126,847	106,312					18,487,972	199,532,563		
2.2 Reinsurance assumed										
2.3 Reinsurance ceded										
2.4 Net	218,126,847	106,312					18,487,972	199,532,563		
3. Amounts Withheld from Paid Claims and Capitations:										
3.1 Direct										
3.2 Reinsurance assumed										
3.3 Reinsurance ceded										
3.4 Net										
4. TOTALS										
4.1 Direct	293,679,311	108,199					21,405,246	271,292,679	873,187	
4.2 Reinsurance assumed										
4.3 Reinsurance ceded										
4.4 Net	293,679,311	108,199					21,405,246	271,292,679	873,187	

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2B - ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

		Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5	6
		1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
Line of Business							
1.	Comprehensive (hospital and medical)		26,622		108,199		41,467
2.	Medicare Supplement						
3.	Dental only						
4.	Vision only						
5.	Federal Employees Health Benefits Plan						
6.	Title XVIII - Medicare	4,588,200	68,566,704	17,415	21,387,831	4,605,615	3,970,359
7.	Title XIX - Medicaid	171,466,458	1,395,696,629	21,480,083	249,812,596	192,946,541	192,161,349
8.	Other health	4,359	6,673,820		873,187	4,359	4,359
9.	Health subtotal (Lines 1 to 8)	176,059,016	1,470,963,775	21,497,498	272,181,813	197,556,514	196,177,534
10.	Healthcare receivables (a)		2,832,653				
11.	Other non-health						
12.	Medical incentive pool and bonus amounts	2,151,349	9,179,571		2,656,594	2,151,349	2,357,151
13.	TOTALS (Lines 9 - 10 + 11 + 12)	178,210,365	1,477,310,693	21,497,498	274,838,407	199,707,863	198,534,685

(a) Excludes \$.0 loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (000 Omitted)

Grand Total

Section A - Paid Health Claims

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2011	2 2012	3 2013	4 2014	5 2015
1.	Prior	81,301	81,291	81,291	693,301	693,301
2.	2011	687,048	772,277	772,277	772,277	772,277
3.	2012	X X X	730,861	824,677	824,677	824,677
4.	2013	X X X	X X X	831,225	937,969	937,969
5.	2014	X X X	X X X	X X X	1,014,965	1,193,175
6.	2015	X X X	X X X	X X X	X X X	1,477,310

Section B - Incurred Health Claims

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2011	2 2012	3 2013	4 2014	5 2015
1.	Prior	81,836	81,291	81,291	693,301	693,301
2.	2011	784,726	777,855	772,277	772,277	772,277
3.	2012	X X X	829,030	826,990	824,677	824,677
4.	2013	X X X	X X X	943,596	944,802	937,969
5.	2014	X X X	X X X	X X X	1,206,665	1,214,673
6.	2015	X X X	X X X	X X X	X X X	1,752,147

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in Which Premiums were Earned and Claims were Incurred		1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 (Col. 9/1) Percent
1.	2011	960,551	772,277	4,309	0.558	776,586	80.848			776,586	80.848
2.	2012	957,354	824,677	3,748	0.455	828,425	86.533			828,425	86.533
3.	2013	1,058,587	937,969	3,780	0.403	941,749	88.963			941,749	88.963
4.	2014	1,418,656	1,193,175	4,301	0.360	1,197,476	84.409	21,498	4	1,218,978	85.925
5.	2015	2,069,707	1,477,310	6,872	0.465	1,484,182	71.710	274,837	1,466	1,760,485	85.060

12 Total

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (000 Omitted)

Hospital and Medical
Section A - Paid Health Claims

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2011	2 2012	3 2013	4 2014	5 2015
1.	Prior .....	.....	.....	.....	.....	.....
2.	2011 .....	.....	.....	.....	.....	.....
3.	2012	X X X .....	.....	.....	.....	.....
4.	2013	X X X	X X X .....	.....	.....	.....
5.	2014	X X X	X X X	X X X	2	2
6.	2015	X X X	X X X	X X X	X X X	26

Section B - Incurred Health Claims

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2011	2 2012	3 2013	4 2014	5 2015
1.	Prior .....	.....	.....	.....	.....	.....
2.	2011 .....	.....	.....	.....	.....	.....
3.	2012	X X X .....	.....	.....	.....	.....
4.	2013	X X X	X X X .....	.....	.....	.....
5.	2014	X X X	X X X	X X X	43	2
6.	2015	X X X	X X X	X X X	X X X	93

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in Which Premiums were Earned and Claims were Incurred		1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 (Col. 9/1) Percent
1.	2011 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2.	2012 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3.	2013 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4.	2014	16	2	0	2.000	2	12.750 .....	.....	.....	2	12.750
5.	2015	74	26	0	1.385	26	35.622	67 .....	.....	93	126.162

- 12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Medicare Supplement NONE
- 12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Medicare Supplement . . . NONE
- 12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Medicare Supplement . . . NONE
- 12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Dental Only NONE
- 12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Dental Only NONE
- 12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Dental Only NONE
- 12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Vision Only NONE
- 12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Vision Only NONE
- 12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Vision Only NONE
- 12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Fed Emp HBPP NONE
- 12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Fed Emp HBPP NONE
- 12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Fed Emp HBPP NONE

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (000 Omitted)

Title XVIII - Medicare

Section A - Paid Health Claims

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2011	2 2012	3 2013	4 2014	5 2015
1.	Prior .....	.....	.....	.....	.....	.....
2.	2011 .....	.....	255	255	255	255
3.	2012	X X X	2,884	3,486	3,486	3,486
4.	2013	X X X	X X X	4,285	5,150	5,150
5.	2014	X X X	X X X	X X X	13,842	18,430
6.	2015	X X X	X X X	X X X	X X X	68,036

Section B - Incurred Health Claims

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2011	2 2012	3 2013	4 2014	5 2015
1.	Prior .....	.....	.....	.....	.....	.....
2.	2011 .....	.....	255	255	255	255
3.	2012	X X X	3,516	3,486	3,486	3,486
4.	2013	X X X	X X X	5,069	5,151	5,150
5.	2014	X X X	X X X	X X X	17,811	18,448
6.	2015	X X X	X X X	X X X	X X X	89,490

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in Which Premiums were Earned and Claims were Incurred		1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 (Col. 9/1) Percent
1.	2011	767	255	2	0.779	257	33.506	.....	.....	257	33.506
2.	2012	3,875	3,486	15	0.438	3,501	90.355	.....	.....	3,501	90.355
3.	2013	6,104	5,150	17	0.330	5,167	84.649	.....	.....	5,167	84.649
4.	2014	20,170	18,430	36	0.195	18,466	91.552	18	.....	18,484	91.641
5.	2015	99,689	68,036	223	0.328	68,259	68.472	21,454	189	89,902	90.183

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (000 Omitted)

Title XIX - Medicaid

Section A - Paid Health Claims

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2011	2 2012	3 2013	4 2014	5 2015
1.	Prior	81,301	81,291	81,291	693,301	693,301
2.	2011	687,048	772,022	772,022	772,022	772,022
3.	2012	X X X	727,977	821,191	821,191	821,191
4.	2013	X X X	X X X	826,940	932,819	932,819
5.	2014	X X X	X X X	X X X	988,719	1,162,337
6.	2015	X X X	X X X	X X X	X X X	1,402,946

Section B - Incurred Health Claims

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2011	2 2012	3 2013	4 2014	5 2015
1.	Prior	81,836	81,291	81,291	693,301	693,301
2.	2011	784,726	777,600	772,022	772,022	772,022
3.	2012	X X X	825,514	823,504	821,191	821,191
4.	2013	X X X	X X X	938,527	939,651	932,819
5.	2014	X X X	X X X	X X X	1,176,405	1,183,817
6.	2015	X X X	X X X	X X X	X X X	1,655,388

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in Which Premiums were Earned and Claims were Incurred		1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 (Col. 9/1) Percent
1.	2011	959,784	772,022	4,307	0.558	776,329	80.886			776,329	80.886
2.	2012	953,479	821,191	3,733	0.455	824,924	86.517			824,924	86.517
3.	2013	1,052,483	932,819	3,763	0.403	936,582	88.988			936,582	88.988
4.	2014	1,388,786	1,162,337	4,265	0.367	1,166,602	84.002	21,480	4	1,188,086	85.549
5.	2015	1,965,288	1,402,946	6,648	0.474	1,409,594	71.725	252,442	1,277	1,663,313	84.635

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (000 Omitted)

Other

Section A - Paid Health Claims

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2011	2 2012	3 2013	4 2014	5 2015
1.	Prior .....	.....	.....	.....	.....	.....
2.	2011 .....	.....	.....	.....	.....	.....
3.	2012	X X X .....	.....	.....	.....	.....
4.	2013	X X X	X X X .....	.....	.....	.....
5.	2014	X X X	X X X	X X X	12,402	12,406
6.	2015	X X X	X X X	X X X	X X X	6,302

Section B - Incurred Health Claims

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2011	2 2012	3 2013	4 2014	5 2015
1.	Prior .....	.....	.....	.....	.....	.....
2.	2011 .....	.....	.....	.....	.....	.....
3.	2012	X X X .....	.....	.....	.....	.....
4.	2013	X X X	X X X .....	.....	.....	.....
5.	2014	X X X	X X X	X X X	12,406	12,406
6.	2015	X X X	X X X	X X X	X X X	7,176

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in Which Premiums were Earned and Claims were Incurred		1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 (Col. 9/1) Percent
1.	2011 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2.	2012 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3.	2013 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4.	2014	9,684	12,406	.....	.....	12,406	128.108	.....	.....	12,406	128.108
5.	2015	4,656	6,302	.....	.....	6,302	135.352	874	.....	7,176	154.124

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	1	2	3	4	5	6	7	8	9
	Total	Compre- hensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
1. Unearned premium reserves									
2. Additional policy reserves (a)									
3. Reserve for future contingent benefits									
4. Reserve for rate credits or experience rating refunds (including \$.....0 for investment income)	404,601							404,601	
5. Aggregate write-ins for other policy reserves									
6. TOTALS (Gross)	404,601							404,601	
7. Reinsurance ceded									
8. TOTALS (Net) (Page 3, Line 4)	404,601							404,601	
9. Present value of amounts not yet due on claims									
10. Reserve for future contingent benefits									
11. Aggregate write-ins for other claim reserves									
12. TOTALS (Gross)									
13. Reinsurance ceded									
14. TOTALS (Net) (Page 3, Line 7)									
DETAILS OF WRITE-INS									
0501.									
0502.									
0503.									
0598. Summary of remaining write-ins for Line 5 from overflow page									
0599. TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above)									
1101.									
1102.									
1103.									
1198. Summary of remaining write-ins for Line 11 from overflow page ..									
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above) ..									

(a) Includes \$.....0 premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 3 - ANALYSIS OF EXPENSES

		Claim Adjustment Expenses		3	4	5
		1	2			
		Cost Containment Expenses	Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
1.	Rent (\$.....0 for occupancy of own building)		496,571	12,754,463		13,251,034
2.	Salaries, wages and other benefits		2,644,654	104,608,398		107,253,052
3.	Commissions (less \$.....0 ceded plus \$.....0 assumed)					
4.	Legal fees and expenses					
5.	Certifications and accreditation fees					
6.	Auditing, actuarial and other consulting services					
7.	Traveling expenses		1,099	1,991,572		1,992,671
8.	Marketing and advertising			3,528,045		3,528,045
9.	Postage, express and telephone			41,068		41,068
10.	Printing and office supplies		2,380	1,230,380		1,232,760
11.	Occupancy, depreciation and amortization			5,235,660		5,235,660
12.	Equipment			1,817,836		1,817,836
13.	Cost or depreciation of EDP equipment and software					
14.	Outsourced services including EDP, claims, and other services		5,293,377	40,866,043		46,159,420
15.	Boards, bureaus and association fees			316,357		316,357
16.	Insurance, except on real estate					
17.	Collection and bank service charges			53,763		53,763
18.	Group service and administration fees			2,324,895		2,324,895
19.	Reimbursements by uninsured plans					
20.	Reimbursements from fiscal intermediaries					
21.	Real estate expenses					
22.	Real estate taxes					
23.	Taxes, licenses and fees:					
23.1	State and local insurance taxes			126,138,324		126,138,324
23.2	State premium taxes					
23.3	Regulatory authority licenses and fees			27,553,640		27,553,640
23.4	Payroll taxes					
23.5	Other (excluding federal income and real estate taxes)					
24.	Investment expenses not included elsewhere				351,131	351,131
25.	Aggregate write-ins for expenses			404,902		404,902
26.	TOTAL Expenses Incurred (Lines 1 to 25)		8,438,081	328,865,346	351,131	(a) 337,654,558
27.	Less expenses unpaid December 31, current year		1,470,548	11,150,771		12,621,319
28.	Add expenses unpaid December 31, prior year		1,056,000	12,905,584		13,961,584
29.	Amounts receivable relating to uninsured plans, prior year					
30.	Amounts receivable relating to uninsured plans, current year					
31.	TOTAL Expenses Paid (Lines 26 minus 27 plus 28 minus 29 plus 30)		8,023,533	330,620,159	351,131	338,994,823
DETAILS OF WRITE-INS						
2501.	Directors Fees			19,000		19,000
2502.	Contributions			385,902		385,902
2503.	.....				
2598.	Summary of remaining write-ins for Line 25 from overflow page					
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)			404,902		404,902

(a) Includes management fees of \$.....181,765,807 to affiliates and \$.....0 to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

		1	2
		Collected During Year	Earned During Year
1.	U.S. Government bonds	(a)..... 124,186	..... 137,306
1.1	Bonds exempt from U.S. tax	(a).....	.....
1.2	Other bonds (unaffiliated)	(a)..... 909,579	..... 1,104,294
1.3	Bonds of affiliates	(a).....	.....
2.1	Preferred stocks (unaffiliated)	(b).....	.....
2.11	Preferred stocks of affiliates	(b).....	.....
2.2	Common stocks (unaffiliated) .....	..... 114,270	..... 114,270
2.21	Common stocks of affiliates .....	.....	.....
3.	Mortgage loans	(c).....	.....
4.	Real estate	(d).....	.....
5.	Contract loans .....	.....	.....
6.	Cash, cash equivalents and short-term investments	(e)..... 111,284	..... 170,346
7.	Derivative instruments	(f).....	.....
8.	Other invested assets .....	.....	.....
9.	Aggregate write-ins for investment income .....	.....	.....
10.	TOTAL Gross investment income .....	..... 1,259,319	..... 1,526,216
11.	Investment expenses		(g)..... 351,131
12.	Investment taxes, licenses and fees, excluding federal income taxes		(g).....
13.	Interest expense		(h).....
14.	Depreciation on real estate and other invested assets		(i).....
15.	Aggregate write-ins for deductions from investment income .....		.....
16.	TOTAL Deductions (Lines 11 through 15) .....		..... 351,131
17.	Net Investment income (Line 10 minus Line 16) .....		..... 1,175,085
DETAILS OF WRITE-INS			
0901.	.....	.....	.....
0902.	.....	.....	.....
0903.	.....	.....	.....
0998.	Summary of remaining write-ins for Line 9 from overflow page .....	.....	.....
0999.	TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above) .....	.....	.....
1501.	.....	.....	.....
1502.	.....	.....	.....
1503.	.....	.....	.....
1598.	Summary of remaining write-ins for Line 15 from overflow page .....	.....	.....
1599.	TOTALS (Lines 1501 through 1503 plus 1598) (Line 15 above) .....	.....	.....
(a) Includes \$.....15,129 accrual of discount less \$.....(1,092,958) amortization of premium and less \$.....394,620 paid for accrued interest on purchases.			
(b) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued dividends on purchases.			
(c) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.			
(d) Includes \$.....0 for company's occupancy of its own buildings; and excludes \$.....0 interest on encumbrances.			
(e) Includes \$.....126 accrual of discount less \$.....(542,595) amortization of premium and less \$.....239,412 paid for accrued interest on purchases.			
(f) Includes \$.....0 accrual of discount less \$.....0 amortization of premium.			
(g) Includes \$.....0 investment expenses and \$.....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.			
(h) Includes \$.....0 interest on surplus notes and \$.....0 interest on capital notes.			
(i) Includes \$.....0 depreciation on real estate and \$.....0 depreciation on other invested assets.			

EXHIBIT OF CAPITAL GAINS (LOSSES)

		1	2	3	4	5
		Realized Gain (Loss) on Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1.	U.S. Government bonds .....	.....	.....	.....	.....	.....
1.1	Bonds exempt from U.S. tax .....	.....	.....	.....	.....	.....
1.2	Other bonds (unaffiliated) .....	..... 177,681	.....	..... 177,681	.....	.....
1.3	Bonds of affiliates .....	.....	.....	.....	.....	.....
2.1	Preferred stocks (unaffiliated) .....	.....	.....	.....	.....	.....
2.11	Preferred stocks of affiliates .....	.....	.....	.....	.....	.....
2.2	Common stocks (unaffiliated) .....	..... 183,313	.....	..... 183,313	..... (633,791)	.....
2.21	Common stocks of affiliates .....	.....	.....	.....	.....	.....
3.	Mortgage loans .....	.....	.....	.....	.....	.....
4.	Real estate .....	.....	.....	.....	.....	.....
5.	Contract loans .....	.....	.....	.....	.....	.....
6.	Cash, cash equivalents and short-term investments .....	..... 8,324	.....	..... 8,324	.....	.....
7.	Derivative instruments .....	.....	.....	.....	.....	.....
8.	Other invested assets .....	.....	.....	.....	.....	.....
9.	Aggregate write-ins for capital gains (losses) .....	.....	.....	.....	.....	.....
10.	TOTAL Capital gains (losses) .....	..... 369,318	.....	..... 369,318	..... (633,791)	.....
DETAILS OF WRITE-INS						
0901.	.....	.....	.....	.....	.....	.....
0902.	.....	.....	.....	.....	.....	.....
0903.	.....	.....	.....	.....	.....	.....
0998.	Summary of remaining write-ins for Line 9 from overflow page ..	.....	.....	.....	.....	.....
0999.	TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above) ..	.....	.....	.....	.....	.....

EXHIBIT OF NONADMITTED ASSETS

		1	2	3
		Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1.	Bonds (Schedule D)			
2.	Stocks (Schedule D):			
2.1	Preferred stocks			
2.2	Common stocks			
3.	Mortgage loans on real estate (Schedule B):			
3.1	First liens			
3.2	Other than first liens			
4.	Real estate (Schedule A):			
4.1	Properties occupied by the company			
4.2	Properties held for the production of income			
4.3	Properties held for sale			
5.	Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA)			
6.	Contract loans			
7.	Derivatives (Schedule DB)			
8.	Other invested assets (Schedule BA)	1,290,211	1,329,309	39,098
9.	Receivables for securities			
10.	Securities lending reinvested collateral assets (Schedule DL)			
11.	Aggregate write-ins for invested assets			
12.	Subtotals, cash and invested assets (Lines 1 to 11)	1,290,211	1,329,309	39,098
13.	Title plants (for Title insurers only)			
14.	Invested income due and accrued	52,684	54,280	1,596
15.	Premium and considerations:			
15.1	Uncollected premiums and agents' balances in the course of collection			
15.2	Deferred premiums, agents' balances and installments booked but deferred and not yet due			
15.3	Accrued retrospective premiums and contracts subject to redetermination			
16.	Reinsurance:			
16.1	Amounts recoverable from reinsurers			
16.2	Funds held by or deposited with reinsured companies			
16.3	Other amounts receivable under reinsurance contracts			
17.	Amounts receivable relating to uninsured plans			
18.1	Current federal and foreign income tax recoverable and interest thereon			
18.2	Net deferred tax asset			
19.	Guaranty funds receivable or on deposit			
20.	Electronic data processing equipment and software			
21.	Furniture and equipment, including health care delivery assets			
22.	Net adjustment in assets and liabilities due to foreign exchange rates			
23.	Receivables from parent, subsidiaries and affiliates			
24.	Health care and other amounts receivable	589,287	620,807	31,520
25.	Aggregate write-ins for other than invested assets	3,027	15,808	12,781
26.	TOTAL Assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	1,935,209	2,020,204	84,995
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts			
28.	TOTAL (Lines 26 and 27)	1,935,209	2,020,204	84,995
DETAILS OF WRITE-INS				
1101.	.....		
1102.	.....		
1103.	.....		
1198.	Summary of remaining write-ins for Line 11 from overflow page			
1199.	TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)			
2501.	Deposits	3,027	3,027	
2502.	Acquired Memberships		12,781	12,781
2503.	.....		
2598.	Summary of remaining write-ins for Line 25 from overflow page			
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	3,027	15,808	12,781

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment		Total Members at End of					6
		1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	Current Year Member Months
1.	Health Maintenance Organizations	379,347	409,851	439,136	440,898	455,299	5,153,310
2.	Provider Service Organizations						
3.	Preferred Provider Organizations						
4.	Point of Service						
5.	Indemnity Only						
6.	Aggregate write-ins for other lines of business						
7.	TOTAL	379,347	409,851	439,136	440,898	455,299	5,153,310
DETAILS OF WRITE-INS							
0601.	.....					
0602.	.....					
0603.	.....					
0698.	Summary of remaining write-ins for Line 6 from overflow page						
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)						

Notes to Financial Statements

1. Summary of Significant Accounting Policies

Meridian Health Plan of Michigan, Inc. (the “Company”) operates as a state-licensed health maintenance organization (HMO). The Company provides medical services to persons in sixty-eight Michigan counties who subscribe as recipients of state health benefits (Medicaid benefits). In addition, the Company operates a Medicare Advantage Dual-Eligible Special Needs Plan, a Medicare Advantage Prescription Drug Plan and a Medicare Stand – alone Prescription Drug Plan. On March 1, 2015 the Company commenced operation of a Medicare – Medicaid Alignment Initiative Plan.

The Company contracts directly with physician/physician groups and hospitals for the provision of medical care, and compensates the providers on either a capitation or fee for service basis. The Company has a risk sharing arrangement with some primary care physicians, and a portion of the capitation payments may be retained for settlement of risk-sharing arrangements.

A. Accounting Practices

The financial statements of Meridian Health Plan of Michigan (the “Company”) are presented on the basis of accounting practices prescribed or permitted by the Michigan Department of Insurance and Financial Services (“DIFS”).

The DIFS recognizes only statutory accounting practices prescribed or permitted by the State of Michigan for determining and reporting the financial condition and results of operations of an insurance company and for determining its solvency under the Michigan Insurance Code. The DIFS has adopted the National Association of Insurance Commissioners’ (NAIC) *Accounting Practices and Procedures Manual* as a component of prescribed and permitted practices for the state. The DIFS has the right to permit specific practices that deviate from prescribed practices. There is no deviation from the NAIC *Accounting Practices and Procedures Manual*.

A reconciliation of the Company’s net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the DIFS is shown below:

		State of Domicile	2015	2014
NET INCOME				
(1)	State basis (Page 4, Line 32, Columns 2 & 3)	MI	\$6,828,168	\$3,391,695
(2)	State Prescribed Practices that increase/(decrease) NAIC SAP:			
(201)				
(299)	Total		\$0	\$0
(3)	State Permitted Practices that increase/(decrease) NAIC SAP:			
(301)				
(399)	Total		\$0	\$0
(4)	NAIC SAP (1-2-3=4)		\$6,828,169	\$3,391,695
SURPLUS				
(5)	State basis (Page 3, Line 33, Columns 3 & 4)	MI	\$153,435,940	\$107,399,482
(6)	State Prescribed Practices that increase/(decrease) NAIC SAP:			
(601)				
(699)	Total		\$0	\$0
(7)	State Permitted Practices that increase/(decrease) NAIC SAP:			
(701)				
(799)	Total		\$0	\$0
(8)	NAIC SAP (5-6-7=8)		\$153,435,940	\$107,399,482

B. Use of Estimates in the Preparation of the Financial Statements

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, primarily claims unpaid. It also requires disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policy

Health capitation premiums are recognized in the period members are entitled to related health care services. Health care service costs and the related liabilities for claims payable are recorded when medical services are authorized, as well as when services are provided without authorization to the extent such services are expected to be ultimately authorized. Expenses are charged to operations as incurred.

Notes to Financial Statements

- (1) Short-term investments are stated at amortized cost.
- (2) Bonds are stated at amortized cost using the scientific interest method.
- (3) Common stocks are stated at fair market value.
- (4) The Company had no preferred stock.
- (5) The Company had no mortgage loans on real estate.
- (6) The Company had no loan-backed securities.
- (7) The Company had no investments in subsidiaries, controlled or affiliated entities.
- (8) The Company had no investments in joint ventures, partnerships and limited liability companies.
- (9) The Company had no derivatives.
- (10)The Company does not utilize anticipated investment income as a factor in the premium deficiency calculation.
- (11)Claims payable includes an actuarially determined estimate of the ultimate cost of settling claims.
- (12)The Company has no property and equipment and related capitalization policy.
- (13)Pharmaceutical rebates receivable are estimated based on actual prescriptions filled.

2. Accounting Changes and Correction of Errors

None

3. Business Combinations and Goodwill

- A. Statutory Purchase Method – None
- B. Statutory Merger – None
- C. Assumption Reinsurance – None
- D. Impairment Loss – None

4. Discontinued Operations

None

5. Investments

- A. Mortgage Loans – None
- B. Debt Restructuring – None
- C. Reverse Mortgages – None
- D. Loan-Backed Securities - None
- E. Repurchase Agreements and/or Securities Lending Transactions – None
- F. Real Estate – None
- G. Investments in low-income housing tax credits (LIHTC) – None

Notes to Financial Statements

H. Restricted Assets

As of December 31, 2015 and 2014, the Company maintained on deposit with the Michigan Insurance Department \$1,799,716 and \$1,799,557, respectively, held as cash, short-term investments, and a long-term bond.

(1) Restricted Assets (Including Pledged)

Restricted Asset Category	1	2	3	4	5	6
	Total Gross Restricted from Current Year	Total Gross Restricted from Prior Year	Increase/ (Decrease) (1 minus 2)	Total Current Year Admitted Restricted	Percentage Gross Restricted to Total Assets	Percentage Admitted Restricted to Total Admitted Assets
a. Subject to contractual obligation for which liability is not shown	\$	\$	\$	\$ %%
b. Collateral held under security lending agreements
c. Subject to repurchase agreements
d. Subject to reverse repurchase agreements
e. Subject to dollar repurchase agreements
f. Subject to dollar reverse repurchase agreements
g. Placed under option contracts
h. Letter stock or securities restricted as to sale -- excluding FHLB capital stock
i. FHLB capital stock
j. On deposit with states	1,799,716	1,799,557	159	1,799,716	.375%	.377%
k. On deposit with other regulatory bodies
l. Pledged as collateral to FHLB (including assets backing funding agreements)
m. Pledged as collateral not captured in other categories
n. Other restricted assets
o. Total Restricted Assets	\$ 1,799,716	\$ 1,799,557	\$ 159	\$1,799,716	.375%	.377%

(2) Detail of Assets Pledged as Collateral Not Captured in Other Categories – None

(3) Detail of Other Restricted Assets - None

I. Working Capital Finance Investments – None

J. Offsetting and Netting of Assets and Liabilities – None

K. Structured Notes – None

6. Joint Ventures, Partnerships and Limited Liability Company

The Company has no investments in Joint Ventures, Partnerships or Limited Liability companies.

7. Investment Income

- A. All investment income due and accrued with amounts that are over 90 days past due with the exception of mortgage loans in default are excluded from surplus.
- B. The Company had no investment income due and accrued excluded from surplus.

8. Derivative Instruments

None

Notes to Financial Statements

9. Income Taxes

A. The components of the net deferred tax asset/(liability) at December 31 are as follows:

(1)

Description		12/31/2015			12/31/2014			Change		
		1	2	3	4	5	6	7	8	9
		Ordinary	Capital	(Col. 1 + 2) Total	Ordinary	Capital	(Col. 4 + 5) Total	(Col. 1 – 4) Ordinary	(Col. 2 – 5) Capital	(Col. 7 + 8) Total
a.	Gross Deferred Tax Assets	1,107,134	163,507	1,270,641	1,408,902	116,158	1,525,060	(301,768)	47,349	(254,419)
b.	Statutory Valuation Allowance Adjustments									
c.	Adjusted Gross Deferred Tax Assets (1a – 1b)	1,107,134	163,507	1,270,641	1,408,902	116,158	1,525,060	(301,768)	47,349	(254,419)
d.	Deferred Tax Assets Non-admitted									
e.	Subtotal Net Admitted Deferred Tax Asset (1c – 1d)	1,107,134	163,507	1,270,641	1,408,902	116,158	1,525,060	(301,768)	47,349	(254,419)
f.	Deferred Tax Liabilities		(195,427)	(195,427)		(188,768)	(188,768)		(6,659)	(6,659)
g.	Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e – 1f)	1,107,134	(31,920)	1,075,214	1,408,902	(72,610)	1,336,292	(301,768)	40,690	(261,078)

(2)

Description		12/31/2015			12/31/2014			Change		
		1	2	3	4	5	6	7	8	9
		Ordinary	Capital	(Col. 1 + 2) Total	Ordinary	Capital	(Col. 4 + 5) Total	(Col. 1 – 4) Ordinary	(Col. 2 – 5) Capital	(Col. 7 + 8) Total
a.	Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks	1,107,134	163,507	1,270,641	1,408,902	116,158	1,525,060	(301,768)	47,349	(254,419)
b.	Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2a Above) After Application of the Threshold Limitation (The Lesser of 2b1 and 2b2 below)									
b1.	Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date									
b2.	Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold			22,854,060			10,606,319			12,247,741
c..	Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2a and 2b Above) Offset by Gross Deferred Tax Liabilities									
d.	Deferred Tax Assets Admitted as the result of application of SSAP No. 101 Total (2a + 2b – 2c)	1,107,134	163,507	1,270,641	1,408,902	116,158	1,525,060	(301,768)	47,349	(254,419)

(3)

	Description	2015	2014
a.	Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount	251%	258%
b.	Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation in 2(b)2 Above	152,360,726	106,063,190

(4) The Company has not utilized tax planning strategies at December 31, 2015 and 2014.

- B. Regarding deferred tax liabilities that are not recognized – None
- C. Current income taxes incurred consist of the following major components:

	Description	1	2	3
		12/31/2015	12/31/2014	(Col. 1 – 2) Change
1.	Current Income Tax			
a.	Federal	17,387,893	10,153,765	7,234,128
b.	Foreign			
c.	Subtotal			
d.	Federal income tax on net capital gains	125,568	336,244	(210,676)
e.	Utilization of capital loss carry-forwards			
f.	Other			
g.	Federal and foreign income taxes incurred	17,513,461	10,490,009	7,023,452
2.	Deferred Tax Assets:			
a.	Ordinary			
1.	Discounting of unpaid losses	451,960	351,359	100,601
2.	Unearned premium reserve	46,739	0	46,739

Notes to Financial Statements

3.	Accrued HICA	382,693	409,784	(27,091)
4.	Premium Deficiency Reserve			
5.	Deferred acquisition costs			
6.	Accrued Pharmacy	0	459,620	(459,620)
7.	Fixed assets			
8.	Compensation and benefits accrual			
9.	Pension accrual			
10.	Receivables – nonadmitted	225,742	188,139	37,603
11.	Net operating loss carry-forward			
12.	Tax credit carry-forward			
13.	Other (including items < 5% of total ordinary tax assets)			
99.	Subtotal	1,107,134	1,408,902	(301,768)
b.	Statutory valuation allowance adjustment			
c.	Nonadmitted			
d.	Admitted ordinary deferred tax assets (2a99 – 2b – 2c)	1,107,134	1,408,902	(301,768)
e.	Capital:			
1.	Investments	163,507	116,158	47,349
2.	Net capital loss carry-forward			
3.	Real estate			
4.	Other (including items < 5% of total capital tax assets)			
99.	Subtotal	163,507	116,158	47,349
f.	Statutory valuation allowance adjustment			
g.	Nonadmitted			
h.	Admitted capital deferred tax assets (2e99 – 2f – 2g)	163,507	116,158	47,349
i.	Admitted deferred tax assets (2d + 2h)	1,270,641	1,525,060	(254,419)
3.	Deferred Tax Liabilities:			
a.	Ordinary			
1.	Investments			
2.	Fixed assets			
3.	Deferred and uncollected premium			
4.	Policyholder reserves			
5.	Other (including items < 5% of total ordinary tax liabilities)			
99.	Subtotal			
b.	Capital:			
1.	Investments	195,427	188,768	6,659
2.	Real estate			
3.	Other (including items < 5% of total capital tax liabilities)			
99.	Subtotal	195,427	188,768	6,659
c.	Deferred tax liabilities (3a99 + 3b99)	195,427	188,768	6,659
4.	Net deferred tax assets/liabilities (2i – 3c)	1,075,214	1,336,292	(261,078)

D. Among the more significant book to tax adjustments were the following:

Description	Amount	Effective Tax Rate
Provision computed at statutory rate	8,520,683	35.0%
Tax exempt deduction	(185,093)	(.7%)
ACA Health Insurer Fee	9,498,130	39.0%
Other	270,382	1.1%
Total statutory income taxes	18,104,102	74.4%
Federal income tax incurred	17,513,461	72.0%
Realized capital gains tax	125,568	.5%
Change in net deferred income tax	465,073	1.9%
Total statutory income taxes	18,104,102	74.4%

E. Other Disclosures

- (1) As of December 31, 2015, the Company had no unused operating loss carryforwards.
- (2) The following are income taxes incurred in the current and prior years which would be available for recoupment in the event of future net losses:

2015	\$17,513,461
2014	\$10,490,009

(3) The Company has no deposits admitted under Section 6603 of the Internal Revenue Service Code.

F. Consolidated Federal Income Tax Return

The Company’s federal income tax return is consolidated with the following entities:
Caidan Holding Company, Inc. (Parent)
Meridian Health Plan of Illinois, Inc.
Meridian Health Plan of Iowa, Inc.
Granite Care – Meridian Health Plan of New Hampshire, Inc.

Notes to Financial Statements

The method of allocation among companies is subject to a written agreement, approved by the Board of Directors, whereby allocation is made primarily on a separate return basis with current credit for any net operating losses or other items utilized in the consolidated tax return. Intercompany tax balances are settled monthly.

G. Federal or Foreign Income Tax Loss Contingencies - None

10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

A. – D. The Company is a wholly owned subsidiary of a holding company, Caidan Holding Company, Inc.

The Company contracted with Caidan Management Company, LLC, a third-party administrator related through common ownership, for administrative services. The Company incurred management fees to Caidan Management Company totaling \$181,765,807 and \$135,482,771 in 2015 and 2014, respectively. The Company also paid Caidan Management Company \$10,094,118 and \$7,907,655 in 2015 and 2014, respectively for claims tax reimbursement for claim taxes incurred by Caidan Management Company on behalf of the Company. The Company had outstanding amounts due to Caidan Management Company, LLC totaling \$13,269,391 and \$2,477,835 at December 31, 2015 and 2014, respectively, related to this agreement.

The Company contracted with MeridianRx, LLC a third-party administrator related through common ownership, for pharmacy benefit management services. During 2015 and 2014, the Company paid pharmacy costs and related expenses totaling \$262,490,279 and \$188,060,033, respectively, related to this agreement. The Company also paid MeridianRx \$894,399 and \$741,861 in 2015 and 2014, respectively, for claims tax reimbursement for claim taxes incurred by MeridianRx on behalf of the Company. The Company had outstanding amounts due to MeridianRx totaling \$17,784,984 and \$13,630,749 at December 31, 2015 and 2014, respectively, related to this agreement.

During 2015, the Company received additional capital contributions from Caidan Holding Company, Inc. in the amount of \$40,000,000.

At December 31, 2015 and December 31, 2014, the Company had miscellaneous amounts payable of \$5,245 and \$4,293, respectively, to affiliates.

E. Guarantees or undertakings that exist with affiliates or non-affiliates that would expose the Company's assets or liabilities - None

F. The Company has an administrative service agreement with affiliate third party administrator, Caidan Management Company.

G. The Company is a wholly-owned subsidiary of Caidan Holding Company, Inc.

H. Ownership in any upstream intermediate entities or ultimate parent companies owned - None

I - J. Investment in SCA – None

K. Investment in foreign insurance subsidiary - None

L. Investments in Downstream Noninsurance Holding Company – None

11. Debt

(1) Outstanding Debt – None

(2) FHLB (Federal Home Loan Bank) Agreements – None

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

A.– D. Defined Benefit Plan – None

E. Defined Contribution Plans – None

F. Multiemployer Plans – None

G. Consolidated/Holding Company Plans – None

H. Postemployment Benefit and Compensated Absences – None

I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17) – None

13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations

(1) The Company has 100,000 common shares authorized and 1,000 shares issued and outstanding at December 31, 2015 with a stated value of \$44.70 per share.

(2) The Company has not issued any preferred stock.

(3) The Company is subject to dividend limitations by statute to paying dividends no greater than 10 percent of surplus without prior approval of the Michigan Department of Insurance and Financial Services.

(4) The Company did not declare or pay dividends during 2015.

Notes to Financial Statements

- (5) Within the limitations of (3) above, there are no restrictions placed on the portion of Company profits that may be paid as ordinary dividends to stockholders.
- (6) There are no restrictions placed on the Company’s surplus.
- (7) The Company has no advances to surplus not repaid.
- (8) The Company has no stock held for special purposes.
- (9) The change in the balance of special surplus funds from the prior year is attributable to the estimated ACA Health Insurer Fee.
- (10) The cumulative portion of unassigned funds (surplus) represented by unrealized (gains) losses, net of taxes, is \$303,326 and \$(108,308) at December 31, 2015 and 2014 respectively.
- (11) The Company had no surplus notes issued or outstanding as of December 31, 2015.
- (12) No quasi-reorganizations have taken place as of December 31, 2015.
- (13) No quasi-reorganizations have taken place as of December 31, 2015.

14. Contingencies

- A. Contingent Commitments – None
- B. Assessments – None
- C. Gain Contingencies – None
- D. Claims Related Extra Contractual Obligations and Bad Faith Losses Stemming from Lawsuits – None
- E. Joint and Several Liabilities - None
- F. All Other Contingencies – None

15. Leases

- A. Lessee Operating Leases – None
- B. Lessor Leases – None

16. Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk

None

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

- A. Transfer of Receivables reported as Sales – None
- B. Transfer and Servicing of Financial Assets – None
- C. Wash Sales - None

18. Gains or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

- A. ASO Plans – None
- B. ASC Plans – None
- C. Medicare or Similarly Structured Cost Based Reimbursement Contract
 - (1) Reimbursements from the Centers for Medicare and Medicaid Services (CMS) for the Company’s participation in the Medicare Part D program for the year ended December 31, 2015 and 2014 were \$37,784,619 and \$6,358,059, respectively.
This amount represents pharmacy benefit cost reimbursements for the Reinsurance Subsidy and the Low-Income Cost Sharing Subsidy elements of the Medicare Part D program.
 - (2) As of December 31, 2015 the Company had recorded receivables from the following payors whose account balances are greater than 10% of the Company’s amounts receivable from uninsured accident and health plans or \$10,000:
CMS \$11,815,159
 - (3) In connection with the Company’s Medicare Part D cost based reimbursement portion of the contract, the Company has no recorded allowances and reserves for adjustment of recorded revenues at December 31, 2015.
 - (4) The Company has made no adjustment to revenue resulting from audit of receivables related to revenues recorded in the prior period.

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

None

Notes to Financial Statements

20. Fair Value Measurements

A. Fair Market Value at Reporting Date

1. Fair Value Measurements at Reporting Date

	Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Total
a.	Common Stocks	\$10,724,541			\$10,724,541
99	Subtotal – Assets at fair value	\$10,724,541			\$10,724,541
b.	Liabilities at fair value				
01	Derivatives				
02					
99	Subtotal – Liabilities at fair value				

2. Fair Value Measurements in (Level 3) of the Fair Value Hierarchy – None

3. The Company does not have any securities valued at fair value.

4. The Company has not valued any securities at a Level 2 or 3.

5. Derivative assets and liabilities – None

B. Fair Value information under SSAP No. 100 combined with Fair Value information Under Other Accounting Pronouncements – None

C. Aggregate Fair Value of All Financial Instruments

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Bonds	88,457,369	88,015,107	-	88,457,369	-	-
Short Term Investments	38,032,646	38,032,646	6,549,855	31,482,791	-	-
Cash Equivalent	12,998,814	12,998,814	-	12,998,814	-	-
Common Stock	10,724,541	10,724,541	10,724,541	-	-	-

D. Not Practicable to Estimate Fair Value – None

21. Other Items

A. Extraordinary Items – None

B. Troubled Debt Restructuring – None

C. Other Disclosures and Unusual Items – None

D. Business Interruption Insurance Recoveries – None

E. State Transferable and Non-transferable Tax Credits – None

F. Subprime-Mortgage-Related Risk Exposure – None

G. Retained Assets – None

22. Events Subsequent

Type I – Recognized Subsequent Events

Subsequent events have been considered through February 26, 2016 for the statutory statement issued for December 31, 2015.

None

Type II – Nonrecognized Subsequent Events

Subsequent events have been considered through February 26, 2016 for the statutory statement issued for December 31, 2015.

Notes to Financial Statements

On January 1, 2016, the Company will be subject to an annual fee under section 9010 of the Affordable Care Act (ACA). This annual fee will be allocated to individual health insurers based on the ratio of the amount of the entity’s net premiums written during the preceding calendar year to the amount of health insurance for any U.S. health risk that is written during the preceding calendar year. A health insurance entity’s portion of the annual fee becomes payable once the entity provides health insurance for any U.S health risk for each calendar year beginning on or after January 1 of the year the fee is due. As of December 31, 2015, the Company has written health insurance subject to the ACA assessment, expects to conduct health insurance business in 2016, and estimates their portion of the annual health insurance industry fee to be payable on September 30, 2016 to be \$36,414,297. This amount is reflected in special surplus. This assessment is expected to impact risk based capital (RBC) by 60.01%. The Company is required to record the full liability and expense for the estimated amount payable in 2016 on January 1, 2016. The Company has also recorded an estimated amount receivable on January 1, 2016 for amounts due as reimbursement from the State of Michigan Department of Insurance and Financial Services as reimbursements for amounts to be paid by the Company. Therefore, as of January 1, 2016 the Company does not expect an RBC action level triggering event.

		Current Year	Prior Year
A.	Did the reporting entity write accident and health insurance premium that is subject to Section 9010 of the federal Affordable Care Act (YES/NO)?	Yes	
B.	ACA fee assessment payable for the upcoming year	\$ 36,414,297	\$ 29,425,639
C.	ACA fee assessment paid	\$ 27,137,515	\$15,134,433
D.	Premium written subject to ACA 9010 assessment	\$2,097,909,759	\$1,418,690,846
E.	Total Adjusted Capital before surplus adjustment	\$ 153,435,940	
F.	Total Adjusted Capital after surplus adjustment	\$ 117,021,643	
G.	Authorized Control Level	\$ 60,643,405	
H.	Would reporting the ACA assessment as of December 31, 2015, have triggered an RBC action level (Yes/NO)?	Yes	

23. Reinsurance

A. Ceded Reinsurance Report

The Company maintains a reinsurance policy to provide coverage on an annual per member basis after a deductible for eligible services is reached. The Company has two reinsurance policies in effect. The first agreement is with a related party and the deductible is \$175,000. This reinsurance policy will cover losses incurred per member from \$175,000 to \$300,000. The second agreement has a deductible of \$300,000. The maximum agreement period reinsurance indemnity payable is \$2,000,000 per member. The Company has reported premiums net of reinsurance ceded of \$2,693,112 and \$2,931,915 as of December 31, 2015 and 2014, respectively. Losses recovered by the Company totaled \$4,188,094 and \$884,807 in 2015 and 2014, respectively. At December 31, 2015 and 2014, the Company has a reinsurance receivable recorded of \$2,888,920 and \$1,035,902 respectively.

The Company does not have reinsurance assumed, uncollectible reinsurance, or retroactive reinsurance.

Section 1 – General Interrogatories

- (1) Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company?

Yes (x) No ()

- (2) Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or an insured or any other person not primarily engaged in the insurance business?

Yes () No (X)

Section 2 – Ceded Reinsurance Report – Part A

- (1) Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credits?

Yes () No (X)

Notes to Financial Statements

(2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies?

Yes () No (X)

Section 3 – Ceded Reinsurance Report – Part B

(1) The estimated amount of the aggregate reduction in surplus, of termination of ALL reinsurance agreements, by either party, as of the date of this statement is zero.

(2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement?

Yes () No (X)

- B. Uncollectible Reinsurance – None
- C. Commutation of Ceded Reinsurance – None
- D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

- A. The Company estimates accrued retrospective premium adjustments for its Healthy Michigan population based on its contract with the Michigan Department of Insurance and Financial Services. Also, the Company’s participation in the Medicare Advantage and Medicare Part D program includes a risk sharing provision with CMS. The Company estimates accrued retrospective premium adjustments for its Medicare Advantage and Medicare Part D products through a prescribed formula approach.
- B. The Company records accrued retrospective premium as an adjustment to earned premium.
- C. The amount of net premiums written by the Company as of December 31, 2015 and 2014 that are subject to retrospective rating features was approximately \$665.6 million and \$273.5 million that represented 32.1 percent and 19.2 percent of total net premiums written in 2015 and 2014, respectively. No other net premiums written by the Company are subject to retrospective rating features.
- D. Medical loss ratio rebates required pursuant to the Public Health Service Act. - None
- E. Risk-Sharing Provisions of the Affordable Care Act (ACA)

Did the reporting entity write accident and health insurance premiums that is subject to the Affordable Care Act risk-sharing provisions (YES/NO)? YES_

(1) Impact of Risk-Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities, and Revenue for the Current Year

		AMOUNT
a.	Permanent ACA Risk Adjustment Program	
	Assets	
	1. Premium adjustments receivable due to ACA Risk Adjustment	\$0
	Liabilities	
	2. Risk adjustment user fees payable for ACA Risk Adjustment	\$0
	3. Premium adjustments payable due to ACA Risk Adjustment	\$0
	Operations (Revenue & Expense)	
	4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	\$(23,501)
	5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)	\$3,245
b.	Transitional ACA Reinsurance Program	
	Assets	
	1. Amounts recoverable for claims paid due to ACA Reinsurance	\$0
	2. Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability)	\$0
	3. Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance	\$0
	Liabilities	
	4. Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premium	\$0
	5. Ceded reinsurance premiums payable due to ACA Reinsurance	\$0
	6. Liability for amounts held under uninsured plans contributions for ACA	

Notes to Financial Statements

		Reinsurance	\$0
		Operations (Revenue & Expense)	
	7.	Ceded reinsurance premiums due to ACA Reinsurance	\$1,186
	8.	Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	\$0
	9.	ACA Reinsurance Contributions - not reported as ceded premium	\$0
c.		Temporary ACA Risk Corridors Program	
		Assets	
	1.	Accrued retrospective premium due to ACA Risk Corridors	\$0
		Liabilities	
	2.	Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	\$0
		Operations (Revenue & Expense)	
	3.	Effect of ACA Risk Corridors on net premium income (paid/received)	\$(11,520)
	4.	Effect of ACA Risk Corridors on change in reserves for rate credits	\$0

(2) Rollforward of prior year ACA risk-sharing provisions for the following asset (gross of any nonadmission) and liability balances, along with the reason for any adjustments to prior year balance.

			Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments			Unsettled Balances as of the Reporting Date	
							Prior Year Accrued Less Payments (Col 1-3)	Prior Year Accrued Less Payments (Col 2-4)	To Prior Year Balances	To Prior Year Balances		Cumulative Balance from Prior Years (Col 1-3+7)	Cumulative Balance from Prior Years (Col 2-4+8)
			1	2	3	4	5	6	7	8	Ref	9	10
			Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)		Receivable	(Payable)
a.	Permanent ACA Risk Adjustment Program												
	1	Premium adjustments receivable											
	2	Premium adjustments (payable)		0		23,501		(23,501)		23,501			0
	3	Subtotal ACA Permanent Risk Adjustment Program		0		23,501		(23,501)		23,501			0
b.	Transitional ACA Reinsurance Program												
	1	Amounts recoverable for claims paid											
	2	Amounts recoverable for claims unpaid (contra liability)											
	3	Amounts receivable relating to uninsured plans											
	4	Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premium											
	5	Ceded reinsurance premiums payable		0		1,186		(1,186)		1,186			0
	6	Liability for amounts held under uninsured plans											
	7	Subtotal ACA Transitional Reinsurance Program		0		1,186		(1,186)		1,186			0
c.	Temporary ACA Risk Corridors Program												
	1	Accrued retrospective premium											
	2	Reserve for rate credits or policy experience rating refunds		0		11,520		(11,520)		11,520			0
	3	Subtotal ACA Risk Corridors Program		0		11,520		(11,520)		11,520			0
d	Total for ACA Risk Sharing Provisions			0		36,207		(36,207)		36,207			0

25. Changes in Incurred Losses and Loss Adjustment Expenses

Reserves as of December 31, 2014 were \$198,534,685 for unpaid claims and incentives and \$1,056,000 for unpaid claims adjustment expenses. As of December 31, 2015, \$178,210,365 has been paid for incurred claims and claims adjustment expenses attributable to insured events of prior years. There are \$21,497,498 reserves remaining for prior years. Therefore there has been a \$1,173,178 unfavorable prior year development since December 31, 2014 to December 31, 2015. Original estimates are increased or decreased as additional information becomes know regarding individual claims.

26. Intercompany Pooling Arrangements

None

Notes to Financial Statements

27. Structured Settlements

None

28. Health Care Receivables

A. Pharmaceutical Rebate Receivables

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
12/31/2015	2,149,703	1,017,719	274,867	-	-
9/30/2015	-	-	-	-	-
6/30/2015	-	-	-	-	-
3/31/2015	-	-	-	-	-
12/31/2014	1,666,617	1,574,961	398,384	780,862	395,715
9/30/2014	-	-	-	-	-
6/30/2014	-	-	-	-	-
3/31/2014	-	-	-	-	-
12/31/2013	520,445	521,934	103,967	304,302	112,176
9/30/2013	-	-	-	-	-
6/30/2013	-	-	-	-	-
3/31/2013	-	-	-	-	-

B. Risk Sharing Receivables - None

29. Participating Policies

None

30. Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves	\$ 0
2. Date of the most recent evaluation of this liability	12/31/2015
3. Was anticipated investment income utilized in the calculation? (Yes / No)	No

31. Anticipated Salvage and Subrogation

None

GENERAL INTERROGATORIES
PART 1 - COMMON INTERROGATORIES
GENERAL

- 1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?
If yes, complete Schedule Y, Parts 1, 1A and 2.

Yes[X] No[]
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?

Yes[X] No[] N/A[]
Michigan
- 1.3 State Regulating?
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes[] No[X]
- 2.2 If yes, date of change:
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2014
- 3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

12/31/2014
- 3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

10/01/2012
- 3.4 By what department or departments?
State of Michigan DIFS
- 3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with departments?

Yes[] No[] N/A[X]
- 3.6 Have all of the recommendations within the latest financial examination report been complied with?

Yes[X] No[] N/A[]
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.11 sales of new business?

Yes[] No[X]
- 4.12 renewals?

Yes[] No[X]
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.21 sales of new business?

Yes[] No[X]
- 4.22 renewals?

Yes[] No[X]
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes[] No[X]
- 5.2 If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile

- 6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes[] No[X]
- 6.2 If yes, give full information:
- 7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?

Yes[] No[X]
- 7.2 If yes,
- 7.21 State the percentage of foreign control

0.000%
- 7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact)

1 Nationality	2 Type of Entity

- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes[] No[X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms?

Yes[] No[X]
- 8.4 If response to 8.3 is yes, please provide the names and location (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e., the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC) and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
		Yes[] No[X] ..	Yes[] No[X] ..	Yes[] No[X] ..	Yes[] No[X] ..

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
Plante & Moran, PLLC 2601 Cambridge Court, Suite 500 Auburn Hills, MI 48326
- 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation?

Yes[] No[X]
- 10.2 If response to 10.1 is "yes," provide information related to this exemption:
- 10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation?

Yes[] No[X]
- 10.4 If response to 10.3 is "yes," provide information related to this exemption:
- 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws?

Yes[X] No[] N/A[]
- 10.6 If the response to 10.5 is "NO" or "N/A" please explain:
11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
Brad Piper, Milliman USA 15800 Bluemound Rd. Suite 400 Brookfield, WI 53005-6069; Actuary/consultant with an actuarial firm

GENERAL INTERROGATORIES (Continued)

- 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly?

12.11 Name of real estate holding company

12.12 Number of parcels involved

12.13 Total book/adjusted carrying value

12.2 If yes, provide explanation
13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:

13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?

13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located?

13.3 Have there been any changes made to any of the trust indentures during the year?

13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes?
- 14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?

a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

c. Compliance with applicable governmental laws, rules and regulations;

d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

e. Accountability for adherence to the code.

14.11 If the response to 14.1 is no, please explain:

14.2 Has the code of ethics for senior managers been amended?

14.21 If the response to 14.2 is yes, provide information related to amendment(s).

14.3 Have any provisions of the code of ethics been waived for any of the specified officers?

14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).
- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List?

15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

	1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount
15.2001

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinate committee thereof?

17. Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees thereof?

18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person?
- Yes[X] No[]

Yes[X] No[]

Yes[X] No[]

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)?

20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):

20.11 To directors or other officers

20.12 To stockholders not officers

20.13 Trustees, supreme or grand (Fraternal only)

20.2 Total amount of loans outstanding at end of year (inclusive of Separate Accounts, exclusive of policy loans):

20.21 To directors or other officers

20.22 To stockholders not officers

20.23 Trustees, supreme or grand (Fraternal only)

21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement?

21.2 If yes, state the amount thereof at December 31 of the current year:

21.21 Rented from others

21.22 Borrowed from others

21.23 Leased from others

21.24 Other

22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments?

22.2 If answer is yes:

22.21 Amount paid as losses or risk adjustment

22.22 Amount paid as expenses

22.23 Other amounts paid

23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:
- Yes[] No[X]

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

Yes[] No[X]

\$ 0

\$ 0

\$ 0

Yes[] No[X]

\$ 0
- INVESTMENT
- 24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03)

24.02 If no, give full and complete information, relating thereto

24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)

24.04 Does the Company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions?

24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs.

24.06 If answer to 24.04 is no, report amount of collateral for other programs.

24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract?

24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%?

Yes[X] No[]

Yes[] No[] N/A[X]

\$ 0

\$ 0

Yes[] No[] N/A[X]

Yes[] No[] N/A[X]
- 27.1

GENERAL INTERROGATORIES (Continued)

- 24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending?

Yes[] No[] N/A[X]
- 24.10 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:

24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.

\$ 0

24.102 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.

\$ 0

24.103 Total payable for securities lending reported on the liability page.

\$ 0
- 25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity, or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03).

Yes[X] No[]
- 25.2 If yes, state the amount thereof at December 31 of the current year:

25.21 Subject to repurchase agreements

\$ 0

25.22 Subject to reverse repurchase agreements

\$ 0

25.23 Subject to dollar repurchase agreements

\$ 0

25.24 Subject to reverse dollar repurchase agreements

\$ 0

25.25 Placed under option agreements

\$ 0

25.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock

\$ 0

25.27 FHLB Capital Stock

\$ 0

25.28 On deposit with states

\$ 1,799,716

25.29 On deposit with other regulatory bodies

\$ 0

25.30 Pledged as collateral - excluding collateral pledged to an FHLB

\$ 0

25.31 Pledged as collateral to FHLB - including assets backing funding agreements

\$ 0

25.32 Other

\$ 0
- 25.3 For category (25.26) provide the following:

1	2	3
Nature of Restriction	Description	Amount
.....

- 26.1 Does the reporting entity have any hedging transactions reported on Schedule DB?

Yes[] No[X]
- 26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?

Yes[] No[] N/A[X]

If no, attach a description with this statement.
- 27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity?

Yes[] No[X]
- 27.2 If yes, state the amount thereof at December 31 of the current year.

\$ 0
28. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section I, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?

Yes[X] No[]
- 28.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1	2
Name of Custodian(s)	Custodian's Address
Comerica Bank	411 W. Lafayette, Detroit, 48226
.....
.....

28.02 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1	2	3
Name(s)	Location(s)	Complete Explanation(s)
.....

- 28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year?

Yes[] No[X]
- 28.04 If yes, give full and complete information relating thereto:

1	2	3	4
Old Custodian	New Custodian	Date of Change	Reason
.....

28.05 Identify all investment advisors, broker/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1	2	3
Central Registration Depository Number(s)	Name	Address
134261	RSW Investments	47 Maple St., Suite 304, Summit, NJ, 07901
110297	Madison Scottsdale	8777 N. Gainey Center Dr, Ste 200, Scottsdale, AZ 85258
19616	Wells Fargo Advisors	718 Notre Dame, Suite 200, Grosse Pointe, MI. 48230
.....

- 29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D, Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b)(1)])?

Yes[X] No[]
- 29.2 If yes, complete the following schedule:

GENERAL INTERROGATORIES (Continued)

1	2	3
CUSIP #	Name of Mutual Fund	Book/Adjusted Carrying Value
09251T509	BLACKROCK GLB ALLOCATION FD	691,460
24610C857	DELAWARE GROUP EQUITY FDS III	874,856
277902474	EATON VANCE GROWTH TR	974,313
314172412	FEDERATED EQUITY FDS	873,983
32008F606	FIRST EAGLE FDS INC	955,422
30254T759	FPA FDS TR	971,119
413838822	HARRIS ASSOC INVT TR	1,061,793
466001864	IVY FDS INC	942,968
47804M878	JOHN HANCOCK FDS III GLOBAL	643,596
683924401	OPPENHEIMER GLOBAL FD	1,073,015
74253Q747	PRINCIPAL FDS INC	652,982
92913R566	VOYA SER FD INC	319,326
94987W307	WELLS FARGO FDS TR	689,708
29.2999 Total		10,724,541

29.3 For each mutual fund listed in the table above, complete the following schedule:

1	2	3	4
Name of Mutual Fund (from above table)	Name of Significant Holding of the Mutual Fund	Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	Date of Valuation
BLACKROCK GLB ALLOCATION FD	ALPHABET INC	62,231	12/31/2015
DELAWARE GROUP EQUITY FDS III	BAXALTA INC	29,745	12/31/2015
EATON VANCE GROWTH TR	MARKET VECTORS	139,619	12/31/2015
FEDERATED EQUITY FDS	GENMAB A/S	23,598	12/31/2015
FIRST EAGLE FDS INC	GOLD BULLION	59,236	12/31/2015
FPA FDS TR	ORACLE	39,816	12/31/2015
HARRIS ASSOC INVT TR	ALPHABET CL C	80,696	12/31/2015
IVY FDS INC	AIA GROUP LTD	21,688	12/31/2015
JOHN HANCOCK FDS III GLOBAL	NASDAQ 100 EMINI FT	53,612	12/31/2015
OPPENHEIMER GLOBAL FD	ALPHABET INC	48,286	12/31/2015
PRINCIPAL FDS INC	BROOKFILED ASSET MANAGEMENT INC CLASS A	29,123	12/31/2015
VOYA SER FD INC	ISHARES RUSSELL 2000 EFT	5,365	12/31/2015
WELLS FARGO FDS TR	GMO IMPLEMENTATION FUND	565,974	12/31/2015

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

		1	2	3
		Statement (Admitted) Value	Fair Value	Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1	Bonds	139,046,573	139,444,115	397,542
30.2	Preferred stocks			
30.3	Totals	139,046,573	139,444,115	397,542

30.4 Describe the sources or methods utilized in determining the fair values
Month end market analysis/valuation

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D?

Yes[X] No[]

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source?

Yes[X] No[] N/A[]

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

32.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed?

Yes[X] No[]

32.2 If no, list exceptions:

OTHER

33.1 Amount of payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus, if any?

\$ 0

33.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus during the period covered by this statement.

1	2
Name	Amount Paid

34.1 Amount of payments for legal expenses, if any?

\$ 0

34.2 List the name of the firm and the amount paid if any such payments represented 25% or more of the total payments for legal expenses during the period covered by this statement.

GENERAL INTERROGATORIES (Continued)

1	2
Name	Amount Paid
.....

35.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or department of government, if any?

\$.....0

35.2 List the name of firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1	2
Name	Amount Paid
.....

GENERAL INTERROGATORIES (Continued)

PART 2 - HEALTH INTERROGATORIES

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force?

Yes[] No[X]

1.2 If yes, indicate premium earned on U.S. business only:

\$ 0

1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?

\$ 0

1.31 Reason for excluding:

1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above.

\$ 0

1.5 Indicate total incurred claims on all Medicare Supplement insurance.

\$ 0

1.6 Individual policies - Most current three years:

1.61 TOTAL Premium earned

\$ 0

1.62 TOTAL Incurred claims

\$ 0

1.63 Number of covered lives

..... 0

All years prior to most current three years:

1.64 TOTAL Premium earned

\$ 0

1.65 TOTAL Incurred claims

\$ 0

1.66 Number of covered lives

..... 0

1.7 Group policies - Most current three years:

1.71 TOTAL Premium earned

\$ 0

1.72 TOTAL Incurred claims

\$ 0

1.73 Number of covered lives

..... 0

All years prior to most current three years:

1.74 TOTAL Premium earned

\$ 0

1.75 TOTAL Incurred claims

\$ 0

1.76 Number of covered lives

..... 0

2. Health Test

		1	2
		Current Year	Prior Year
2.1	Premium Numerator	2,069,742,591	1,418,690,846
2.2	Premium Denominator	2,069,742,591	1,418,690,846
2.3	Premium Ratio (2.1 / 2.2)	1.000	1.000
2.4	Reserve Numerator	296,740,506	198,534,685
2.5	Reserve Denominator	296,740,506	198,534,685
2.6	Reserve Ratio (2.4 / 2.5)	1.000	1.000

3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits?

Yes[] No[X]

3.2 If yes, give particulars:

4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency?

Yes[X] No[]

4.2 If not previously filed furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?

Yes[] No[] N/A[X]

5.1 Does the reporting entity have stop-loss reinsurance?

Yes[X] No[]

5.2 If no, explain:

5.3 Maximum retained risk (see instructions):

5.31 Comprehensive Medical

\$ 345,000

5.32 Medical Only

\$ 0

5.33 Medicare Supplement

\$ 0

5.34 Dental & Vision

\$ 0

5.35 Other Limited Benefit Plan

\$ 0

5.36 Other

\$ 0

6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:

Hold harmless provisions, Insolvency coverage under reinsurance policy and State Mandated Trust Fund

7.1 Does the reporting entity set up its claim liability for provider services on a service date basis?

Yes[X] No[]

7.2 If no, give details:

8. Provide the following information regarding participating providers:

8.1 Number of providers at start of reporting year

..... 44,909

8.2 Number of providers at end of reporting year

..... 56,280

9.1 Does the reporting entity have business subject to premium rate guarantees?

Yes[] No[X]

9.2 If yes, direct premium earned:

9.21 Business with rate guarantees between 15-36 months

..... 0

9.22 Business with rate guarantees over 36 months

..... 0

10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts?

Yes[X] No[]

10.2 If yes:

10.21 Maximum amount payable bonuses

\$ 11,830,363

10.22 Amount actually paid for year bonuses

\$ 9,173,769

10.23 Maximum amount payable withholds

\$ 0

10.24 Amount actually paid for year withholds

\$ 0

11.1 Is the reporting entity organized as:

11.12 A Medical Group/Staff Model,

Yes[] No[X]

11.13 An Individual Practice Association (IPA), or,

Yes[] No[X]

11.14 A Mixed Model (combination of above)?

Yes[] No[X]

11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements?

Yes[X] No[]

11.3 If yes, show the name of the state requiring such minimum capital and surplus.

Michigan

11.4 If yes, show the amount required.

\$ 121,286,809

11.5 Is this amount included as part of a contingency reserve in stockholder's equity?

Yes[] No[X]

11.6 If the amount is calculated, show the calculation.

200% of Authorized Control Level

12. List service areas in which the reporting entity is licensed to operate:

1
Name of Service Area
Alcona
Allegan
Alpena
Antrim
Arenac
Barry
Bay
Benzie

GENERAL INTERROGATORIES (Continued)

1
Name of Service Area
Berrien
Branch
Calhoun
Cass
Charlevoix
Cheboygan
Clare
Clinton
Crawford
Eaton
Emmet
Genesee
Gladwin
Grand Traverse
Gratiot
Hillsdale
Huron
Ingham
Ionia
Iosco
Isabella
Jackson
Kalamazoo
Kalkaska
Kent
Lake
Lapeer
Leelanaw
Lenawee
Livingston
Macomb
Manistee
Mason
Mecosta
Midland
Missaukee
Monroe
Montcalm
Montmorency
Muskegon
Newaygo
Oakland
Oceana
Ogemaw
Osceola
Oscoda
Otsego
Ottawa
Presque Isle
Roscommon
Saginaw
Sanilac
Shiawassee
St. Clair
St. Joseph
Tuscola
Van Buren
Washtenaw
Wayne
Wexford

13.1 Do you act as a custodian for health savings accounts?

Yes[] No[X]

13.2 If yes, please provide the amount of custodial funds held as of the reporting date:

\$ 0

13.3 Do you act as an administrator for health savings accounts?

Yes[] No[X]

13.4 If yes, please provide the balance of the funds administered as of the reporting date:

\$ 0

14.1 Are any of the captive affiliates reported on Schedule S, Part 3 as authorized reinsurers?

Yes[] No[] N/A[X]

14.2 If the answer to 14.1 is yes, please provide the following:

1	2	3	4	Assets Supporting Reserve Credit		
				5	6	7
Company Name	NAIC Company Code	Domiciliary Jurisdiction	Reserve Credit	Letters of Credit	Trust Agreements	Other
.....

15. Provide the following for individual ordinary life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded)

15.1 Direct Premium Written

\$ 0

15.2 Total incurred claims

\$ 0

15.2 Number of covered lives

..... 0

*Ordinary Life Insurance Includes
Term (whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without Secondary Guarantee)
Universal Life (with or without Secondary Guarantee)
Variable Universal Life (with or without Secondary Guarantee)

FIVE-YEAR HISTORICAL DATA

	1 2015	2 2014	3 2013	4 2012	5 2011
BALANCE SHEET (Pages 2 and 3)					
1. TOTAL Admitted Assets (Page 2, Line 28)	477,647,078	324,504,653	210,488,595	191,571,973	182,759,188
2. TOTAL Liabilities (Page 3, Line 24)	324,211,138	217,105,169	121,865,095	109,591,473	105,177,784
3. Statutory minimum capital and surplus requirement	121,286,809	82,375,390	62,537,336	55,753,808	53,394,006
4. TOTAL Capital and Surplus (Page 3, Line 33)	153,435,940	107,399,484	88,623,500	81,980,500	77,581,404
INCOME STATEMENT (Page 4)					
5. TOTAL Revenues (Line 8)	2,113,238,730	1,443,317,837	1,058,587,125	957,354,658	960,550,716
6. TOTAL Medical and Hospital Expenses (Line 18)	1,753,322,278	1,205,558,123	935,980,082	821,306,622	782,942,607
7. Claims adjustment expenses (Line 20)	8,438,081	4,399,240	3,782,746	4,011,886	3,334,249
8. TOTAL Administrative Expenses (Line 21)	328,865,346	222,736,161	111,871,077	125,379,995	156,545,626
9. Net underwriting gain (loss) (Line 24)	22,613,025	11,580,313	6,470,220	6,316,155	17,728,234
10. Net investment gain (loss) (Line 27)	1,418,835	1,748,065	1,453,495	1,937,125	1,574,666
11. TOTAL Other Income (Lines 28 plus 29)	184,201	217,082	82,652		
12. Net income or (loss) (Line 32)	6,828,168	3,391,695	5,694,856	5,214,465	12,909,847
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	66,979,171	63,785,740	23,323,532	2,269,516	27,776,921
RISK-BASED CAPITAL ANALYSIS					
14. TOTAL Adjusted Capital	153,435,940	107,399,484	88,623,500	81,980,500	77,581,404
15. Authorized control level risk-based capital	60,643,405	41,187,695	31,268,496	27,876,904	26,697,003
ENROLLMENT (Exhibit 1)					
16. TOTAL Members at End of Period (Column 5, Line 7)	455,299	379,347	296,655	295,260	290,587
17. TOTAL Members Months (Column 6, Line 7)	5,153,310	4,259,158	3,541,544	3,504,919	3,429,167
OPERATING PERCENTAGE (Page 4)					
(Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. TOTAL Hospital and Medical plus other non-health (Lines 18 plus Line 19)	84.7	85.0	88.4	85.8	81.5
20. Cost containment expenses					
21. Other claims adjustment expenses	0.4	0.3	0.4	0.4	0.3
22. TOTAL Underwriting Deductions (Line 23)	101.0	100.9	99.4	99.3	98.2
23. TOTAL Underwriting Gain (Loss) (Line 24)	1.1	0.8	0.6	0.7	1.8
UNPAID CLAIMS ANALYSIS					
(U&I Exhibit, Part 2B)					
24. TOTAL Claims Incurred for Prior Years (Line 13, Column 5)	199,707,863	113,577,211	96,129,487	90,797,477	81,836,326
25. Estimated liability of unpaid claims-[prior year (Line 13, Column 6)]	198,534,685	114,684,987	103,746,899	98,520,768	84,527,722
INVESTMENTS IN PARENT, SUBSIDIARIES AND AFFILIATES					
26. Affiliated bonds (Sch. D Summary, Line 12, Column 1)					
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Column 1)					
28. Affiliated common stocks (Sch. D Summary, Line 24, Column 1)					
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10)					
30. Affiliated mortgage loans on real estate					
31. All other affiliated					
32. TOTAL of Above Lines 26 to 31					
33. TOTAL Investment in Parent Included in Lines 26 to 31 above					

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors? Yes[] No[] N/A[X]

If no, please explain::

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS
ALLOCATED BY STATES AND TERRITORIES

		1	Direct Business Only							
State, Etc.		Active Status	2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Plan Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/ Casualty Premiums	8 Total Columns 2 Through 7	9 Deposit - Type Contracts
1.	Alabama (AL)	N								
2.	Alaska (AK)	N								
3.	Arizona (AZ)	N								
4.	Arkansas (AR)	N								
5.	California (CA)	N								
6.	Colorado (CO)	N								
7.	Connecticut (CT)	N								
8.	Delaware (DE)	N								
9.	District of Columbia (DC)	N								
10.	Florida (FL)	N								
11.	Georgia (GA)	N								
12.	Hawaii (HI)	N								
13.	Idaho (ID)	N								
14.	Illinois (IL)	N								
15.	Indiana (IN)	L	965,311						965,311	
16.	Iowa (IA)	N								
17.	Kansas (KS)	N								
18.	Kentucky (KY)	L	760,157						760,157	
19.	Louisiana (LA)	N								
20.	Maine (ME)	N								
21.	Maryland (MD)	N								
22.	Massachusetts (MA)	N								
23.	Michigan (MI)	L	1,503,961	99,757,425	1,967,911,792				2,069,173,178	
24.	Minnesota (MN)	N								
25.	Mississippi (MS)	N								
26.	Missouri (MO)	N								
27.	Montana (MT)	N								
28.	Nebraska (NE)	N								
29.	Nevada (NV)	N								
30.	New Hampshire (NH)	N								
31.	New Jersey (NJ)	N								
32.	New Mexico (NM)	N								
33.	New York (NY)	N								
34.	North Carolina (NC)	N								
35.	North Dakota (ND)	N								
36.	Ohio (OH)	L	1,537,057						1,537,057	
37.	Oklahoma (OK)	N								
38.	Oregon (OR)	N								
39.	Pennsylvania (PA)	N								
40.	Rhode Island (RI)	N								
41.	South Carolina (SC)	N								
42.	South Dakota (SD)	N								
43.	Tennessee (TN)	N								
44.	Texas (TX)	N								
45.	Utah (UT)	N								
46.	Vermont (VT)	N								
47.	Virginia (VA)	N								
48.	Washington (WA)	N								
49.	West Virginia (WV)	N								
50.	Wisconsin (WI)	N								
51.	Wyoming (WY)	N								
52.	American Samoa (AS)	N								
53.	Guam (GU)	N								
54.	Puerto Rico (PR)	N								
55.	U.S. Virgin Islands (VI)	N								
56.	Northern Mariana Islands (MP)	N								
57.	Canada (CAN)	N								
58.	Aggregate other alien (OT)	X X X								
59.	Subtotal	X X X	4,766,486	99,757,425	1,967,911,792				2,072,435,703	
60.	Reporting entity contributions for Employee Benefit Plans	X X X								
61.	TOTAL (Direct Business)	(a) ... 4	4,766,486	99,757,425	1,967,911,792				2,072,435,703	

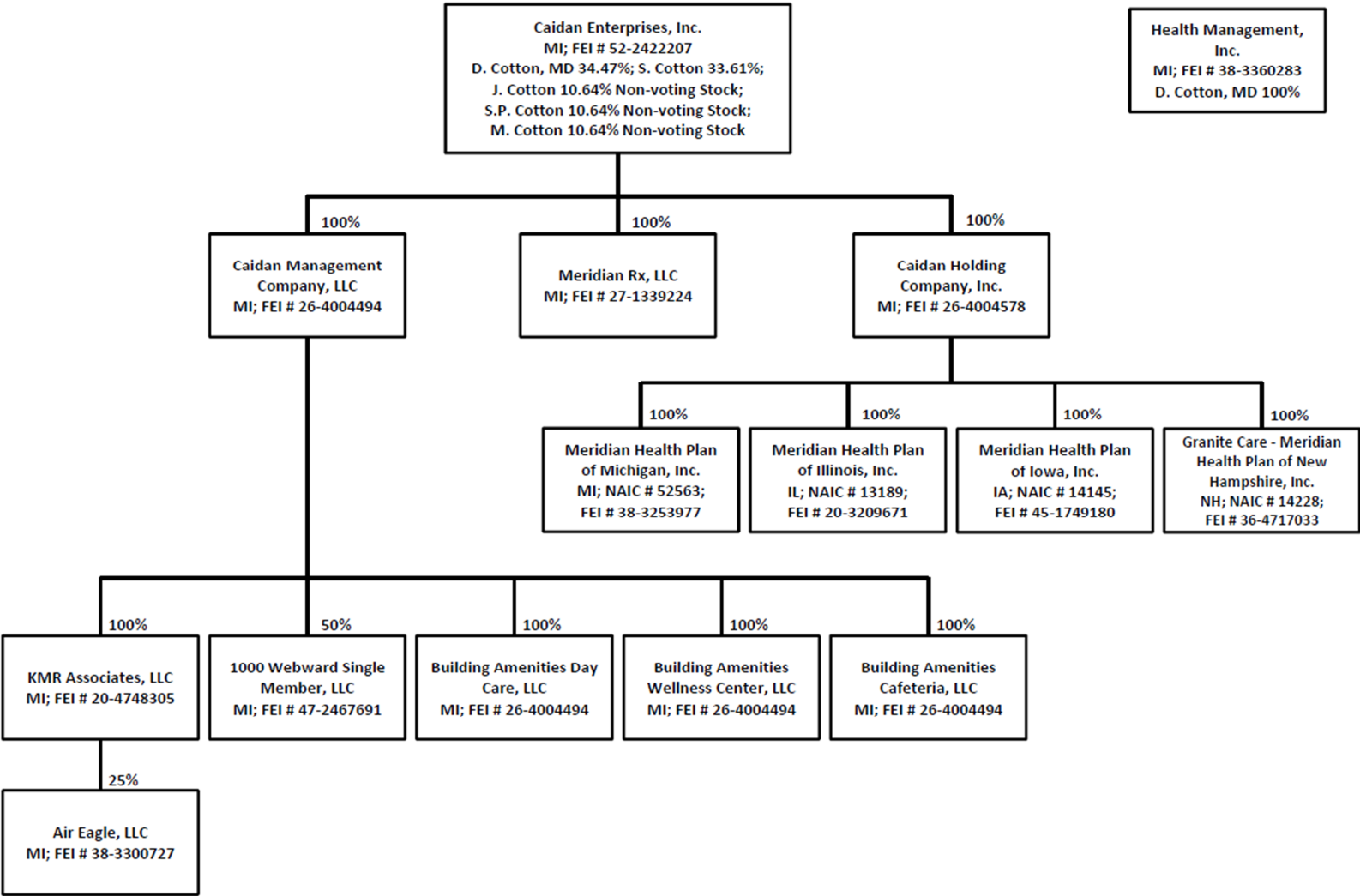
DETAILS OF WRITE-INS										
58001.	X X X									
58002.	X X X									
58003.	X X X									
58998.Summary of remaining write-ins for Line 58 from overflow page	X X X									
58999.TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above)	X X X									

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

(a) Insert the number of L responses except for Canada and Other Alien.
Explanation of basis of allocation of premiums by states, etc.: The Company does not allocate premiums amongst various jurisdictions

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER
MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART



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